



State of Rhode Island
Department of Business Regulation



DIVISION OF COMMERCIAL LICENSING AND REGULATION
TRAVEL SECTION

233 Richmond Street, Suite 230
Providence, Rhode Island 02903-4230
Telephone (401) 222-2416 Facsimile (401) 222-6654

www.dbr.state.ri.us

INSTRUCTIONS FOR TRAVEL AGENT APPLICATION

TO AVOID DELAY, READ ALL INSTRUCTIONS CAREFULLY!

1. MAKE SURE YOU HAVE THE CORRECT APPLICATION FOR THE LICENSE YOU ARE APPLYING FOR.
2. EACH APPLICATION FOR LICENSE MUST BE ACCOMPANIED BY THE REQUIRED LICENSE FEE OF \$50.00. MAKE CHECK PAYABLE TO "GENERAL TREASURER OF RHODE ISLAND".
3. ALL APPLICATIONS MUST BE ACCOMPANIED BY A COMPLETED BCI WAIVER FORM
4. PLEASE PRINT OR TYPE. NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED.
5. EACH QUESTION MUST BE FULLY AND TRUTHFULLY ANSWERED. ANY MATERIAL MISREPRESENTATION WILL BE GROUNDS FOR REFUSAL OR SUBSEQUENT REVOCATION OF LICENSE.
6. USE ADDITIONAL SHEETS OF PAPER IF SPACE PROVIDED FOR ANSWER IS NOT SUFFICIENT AND REFERENCE EACH ITEM BY NUMBER AS IT APPEARS ON THE APPLICATION.

A copy of the Rhode Island Travel Laws, and the Travel Rules and Regulations are available in our office for a fee of \$2.00 Check should be payable to General Treasurer State of Rhode Island. Or you may attain them through our web site @www.dbr.state.ri.us.

If you should have any questions, please feel free to call.

Thank You.



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License Fee: \$50.00 Made Payable To: RI General Treasurer

APPLICATION FOR TRAVEL AGENT LICENSE

Name: _____

Residence: _____

Mailing Address (If different from above): _____

Home Telephone Number: _____

Social Security Number: _____ Are You A U.S. Citizen?
__ Yes __ No

Date of Birth: _____ Place of Birth: _____

Name of Agency Affiliation: _____

Address: _____

Agency License Number: _____ Agency Telephone Number: _____

Date of Employment: _____ Hours Worked Per Week: _____

Are you employed by more than one Travel Agency? ☐ Yes ☐ No
If Yes, Explain and Include agency information.

Will you be engaged in any other business, occupation or profession? ☐ Yes ☐ No
If Yes, Please explain:

Have you completed any training programs in the travel Industry? ☐ Yes ☐ No
If Yes, List kind of training.

Have you completed any schooling related to the travel Industry? ☐ Yes ☐ No
If Yes, List School and Date of Graduation.

If you answered No to either of the last two (2) questions please list in full detail your experience in the travel industry:

TRAVEL APPLICATION CONTINUES ON NEXT PAGE...



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...TRAVEL AGENT APPLICATION CONTINUED...

List travel organization memberships (if any):

Have you read and do you understand the provisions of Title 5, Chapter 5-52 of the General Laws of Rhode Island and the Rules and Regulations of the Department of Business Regulation pertaining to the regulation of travel agency and agents?

☐ Yes ☐ No

Employment Record: List chronologically all employment with in the last 3 years. Begin with you PRESENT employer. If you have ever been suspended or discharged by any employer, explain on separate sheet.

Date Held From/To	Position Held	Name and Address of Employer
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 OATH OF APPLICANT.

Have you ever been convicted of any crime other than a traffic violation in this state or any other jurisdiction? ☐ Yes ☐ No If yes, attach an explanation.

I hereby make oath to the truthfulness and accuracy of all foregoing statements.

Signature of Applicant:_____ **Date:**_____

THE TRAVEL AGENCY WITH WHO THE APPLICANT WILL BE AFFILIATED OR ASSOCIATED WITH MUST PERSONALLY SIGN THE FOLLOWING STATEMENT:

This is to certify that the travel agent applicant named in this application will, when issued a license by the Director of Business Regulation, be associated with, employed, or engaged by me in the capacity of a travel agent. I will exercise proper supervision and assume responsibility for his/her acts as a travel agent while associated with me in accordance with applicable provisions of any rules and regulations promulgated by the Director. I certify that to the best of my knowledge he/she is a person of honesty, truthfulness, and integrity, and that I will personally appear before the Director and/or his/her designed representative(s) in conjunction with this application if requested to do so. I also certify that the travel agent applicant is/was employed as an agent by my

agency From: _____ TO: _____ Hours worked Per Week: _____.

I further certify that I have read the completed application before signing below.

X _____
 SIGNATURE OF AGENCY OWNER/MANAGER BUSINESS ADDRESS (CITY/TOWN, STATE, ZIP)

Subscribed and sworn to _____, at _____,
 this _____ day of _____, 20____.

X _____
 Signature of Notary Public: My Commission Expires:

(END OF APPLICATION)